

## **Bed Change Requests**

Facilities may elect to request changes in state licensed (Residential or NCC) or certified comprehensive (Title 18 SNF, Title 19 NF, Title 18 SNF/Title 19 NF) bed configuration beds in accordance with state and federal rules/regulations. The following bed classifications should be used in all correspondence concerning your facility's request for change in bed configuration:

<b>Title 18 SNF</b>	Medicare only
<b>Title 18 SNF/Title 19 NF</b>	Dually Certified for Medicare and Medicaid
<b>Title 19 NF</b>	Medicaid only
<b>NCC</b>	Non-Certified Comprehensive (Not reimbursed under Medicare or Medicaid)-Private Pay
<b>Residential</b>	Private Pay (unless approved by Room, Board and Assistance (RBA) program by Medicaid or receives a Medicaid Waiver)

To request a change in bed configuration please contact the Program Director-Provider Services at 317-233-7794.